

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3807

63-028425
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 31 1963

| | | | |
|--|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3709 Jefferson | | d. STREET ADDRESS (If outside, give location) 3709 Jefferson | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Homer Middle C Last Jett | | 4. DATE OF DEATH Month July Day 7 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-14-1892 |
| 9. AGE (last birthday) 71 Yrs | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattle Dealer | |
| 10b. KIND OF BUSINESS OR INDUSTRY Stock Yards | | 11. BIRTHPLACE (City and state or country) Kansas City, Mo | |
| 12. CITIZEN OF WHAT COUNTRY USA | | | |
| 13a. FATHER'S NAME Beverly Jett | | 13b. MOTHER'S MAIDEN NAME Elizabeth Thomas | |
| 14. NAME OF HUSBAND OR WIFE Margaret Jett | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | |
| 17. INFORMANT Margaret Jett 3709 Jefferson K.C. Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Arterio-Sclerotic Heart Disease Cor Pulmonale Healed Tuberculosis of the Lungs | | INTERVAL BETWEEN ONSET AND DEATH 5 minutes 5 years 2 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Kansas City, Missouri | |
| 21. I attended the deceased from Dec 1961 to July 7-63 and last saw him alive on July 7-1963 Death occurred at 7:30 am July 7 on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (In degree or title) Don Carlos Feste MD | | 22b. ADDRESS 1500 Professional Bldg - 7-7-63 | |
| 22c. DATE SIGNED 7-7-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-10-63 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill | |
| 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | |
| 24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri | | 25. DATE RECD. BY LOCAL REG. 7-8-63 | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
Don Carlos Feste

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that, the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.